CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

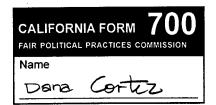
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NAME OF FILER (LAST)		(FIRST)	LED	Z O (MIEDLES
Cortez	Dana		**	F
1. Office, Agency, or Court		,		of Torrance Herk's Office
Agency Name (Do not use acronyms)			——— Ully C	HEIR'S CHILE
City of Torrance				
Division, Board, Department, District, if applicable		Your Position		
City Treasurer		City Treasurer		
► If filing for multiple positions, list below or on an attach	ment. (Do not us	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one box)				
☐ State		☐ Judge or Court Commis	sioner (Statewid	e Jurisdiction)
Multi-County		County of	•	•
-		<u> </u>		
☑ City of Torrance		Other		
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2013, thro	ouah	Leaving Office: Date	Left/	
December 31, 2013.		(Check one)		
The period covered is/	, through	 The period covered leaving office. 	is January 1, 2	013, through the date of
Assuming Office: Date assumed/		The period covered the date of leaving		_/, through
✓ Candidate: Election year ar	nd office sought, if	different than Part 1:		
4. Schedule Summary				A
Check applicable schedules or "None."	► Total	number of pages includi	ng this cove	r page: Z
Schedule A-1 - Investments – schedule attached	1	Schedule C - Income, Loans	. & Business Po	ositions - schedule attached
Schedule A-2 - Investments – schedule attached		✓ Schedule D - Income – Gifts		
Schedule B - Real Property – schedule attached		Schedule E • Income – Gifts	- Travel Paymo	ents - schedule attached
	-or-			
□ None - A	lo reportable intere	ests on any schedule		
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	ATE	ZIP CODE
3031 Torrance Boulevard	Torrance,	CA	9	0503
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		tulan 7 - m
(310) 618-5801		dcortez@torranceca.gov	/	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet			t of my knowled	ge the information contained
I certify under penalty of perjury under the laws of the	e State of Californ	nia that the		
02/25/2014				
Date Signed 02/25/2014 (month, day, year)	. S	ignature	signed statement with	your filing official
(monin, day, year)		(i lie tre originally	- 3 July State of the William	,,

SCHEDULE D Income - Gifts



	E (Not an Acronym) Mater District		► NAME OF SOURCE	(Not an Acrony	ym)
Metropolitan Water District ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE		ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE			
04_//13	\$150.00	California Aquaduct		\$	
	\$			\$	
	\$			\$	_
IAME OF SOURCE	E (Not an Acronym)		▶ NAME OF SOURCE	(Not an Acron)	vm)
ADDRESS (Business Address Acceptable)		ADDRESS (Business	Address Accep	ptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
OATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
AME OF SOURCE	E (Not an Acronym)		► NAME OF SOURCE	(Not an Acrony	ym)
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	URCE .	BUSINESS ACTIVITY	Y, IF ANY, OF S	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	_
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